

**Family Planning Research and
Demonstration Waiver under Section
1115 of the Social Security Act**

Illinois Healthy Women

***Promoting healthy births while improving
women's health through access to family planning
and related reproductive health services***

Medicaid is the number one health insurer for births in Illinois

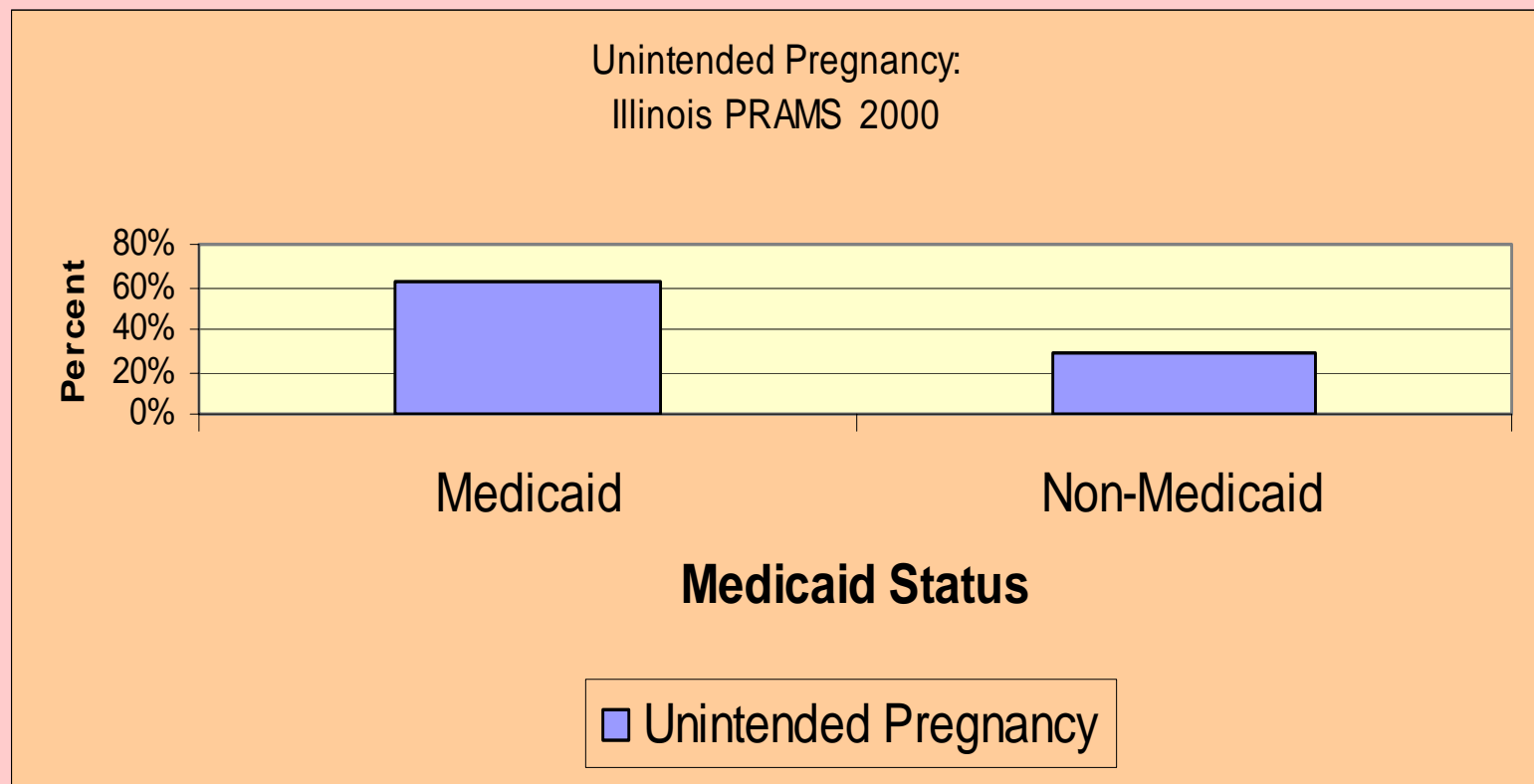
- Illinois Medicaid covers 40% of births
- Illinois Medicaid covers 89% of teen births
- Illinois Medicaid covers a disproportionate number of high risk births

Conclusion:

If you want to improve birth outcomes in Illinois, focusing on Medicaid is a good place to start.

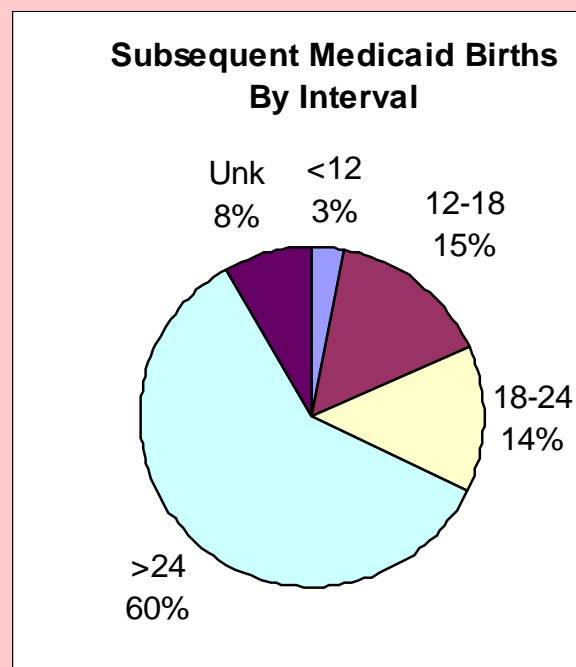
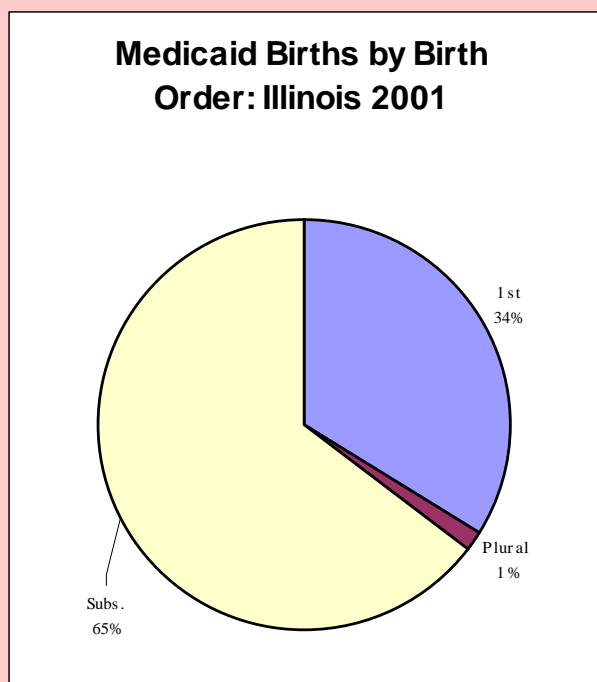
High rates of Unintended/Unplanned Births

66% of Medicaid births are unintended



A Majority of Medicaid births are not a Woman's First Birth:

Sixty five percent of Medicaid births were subsequent births (2nd or higher). (2001 Birth File Match Data)



According to the National Commission to Prevent Infant Mortality, "infant mortality could be reduced by an estimated 10% if all pregnancies were planned." In addition the number of low birth weight infants could be reduced by 12%.

★ National Commission to Prevent Infant Mortality, "Troubling Trends: The Health of America's Next Generation," 38, 1990

A recognized documented strategy for improving birth outcomes is to improve preconception health and to promote and achieve a “planned pregnancy” with appropriate spacing between births.

Goals and Objectives of the Family Planning Waiver

- ★ To improve birth outcomes by promoting planning for a healthy birth
- ★ To increase the number of low-income women who receive voluntary, confidential family planning services
- ★ To increase the access to and use of family planning services by enrolled population

Goals and Objectives (cont)

- ★ To increase the child spacing interval among women in the enrolled population
- ★ To reduce the Medicaid expenditures for pregnancy-related and infant health care services
- ★ To facilitate the referral of enrolled women in need of primary care services to accessible sources of primary care

Note:

IHW brings to Illinois 90% Federal matching dollars for FP services and 50% for related reproductive health (e.g., STI treatment)

This saves precious, limited Title X dollars for those who do not qualify for IHW

Enrollment in *Illinois Healthy Women* is easy

Those who qualify are automatically sent
information about IHW



The Pink Card

- ✓ Qualified women between 19-44 who lose eligibility will receive an Enrollment Form
- ✓ All women who receive an Enrollment Form will receive a PINK 3-month, Family Planning Card in a separate mailing, at the same time
- ✓ In order to enroll and receive a Family Planning Card for an *additional* **9 months**, the woman must return the Enrollment Form to IDPA before the end of her 3-month card

The Re-enrollment Form

Before the 9 months are over, the woman will receive a Re-Enrollment Form to continue her coverage for an additional 12 months

If she qualifies** and wants to continue the Program, she will have to fill out the RE-ENROLLMENT form and send them back in the self addressed, postage paid envelope provided BEFORE the end of her IHW eligibility period

** In order to qualify for Year 2, the woman must complete attestation that her income is at or below 200% of poverty

Women may choose to repeat the yearly re-enrollment throughout the 5-year waiver and receive the benefit of free, voluntary, and confidential family planning health care services



Early Experience

- ★ Program began in April 2004, with eligibility start date beginning in May 2004 (going back to January 2004, with those women starting coverage in June)
- ★ Amendment request pending with CMS:
 - ★ Title XIX and Title XXI population losing eligibility included in the waiver (income at 133% for FamilyCare – FY 05)
 - ★ FFP for multivitamin/folic acid supplementation

A second amendment request is being prepared

Reasons:

- 20,000 participants anticipated under current waiver likely to be realized

Need to expand to allow application to those not leaving Medicaid or SCHIP

- Much interest from community for expansion
- Requests for applications from little promotion
- Ties to effort to 'close gap' for uninsured or under-insured

FamilyCare – proposed to expand to 185% of federal poverty

Need to increase IHW to 250% of poverty (close to income standard to qualify, if pregnant)

- Won't cover undocumented, men, under age 19, or over age 44

Early Experience – Enrollment

(as of March 4, 2005)

Women receiving 3 Month cards	Women requesting 9 Month cards	Women receiving services under IHW	Referrals to other sources of Medical Care	Referrals to Title X (persons not IHW eligible)	Web 'Hits'	E-Mails Related to IHW
83,134	20,968	13,428	102	377	13,847	152

Early Experience

Issues:

- Inability to cover undocumented women
- Social Security Numbers/Citizenship codes
- Undeliverable Mail (about 10%)
- Women reinstate Medicaid benefits shortly after the IHW card has been sent (compliance/timing issue)
- Prior approval requirement for STD treatment (pharmacy, not claim form)

Early Experience Cont.

- Removal of CMS' initial approval to cover transportation and "may" disallow mammograms (mammograms would be covered with State only dollars)
- Philosophy differences – View this initiative as appropriate "planning of pregnancy" - a strategy to improve birth outcomes
 - CMS concern about mammograms
 - CMS allowing multivitamin/folic acid supplementation
 - CMS changed to narrowly define 'family planning'

Points to Clarify

- IHW covers a **limited set of services** (family planning and related reproductive health care only)
- A woman with IWH coverage can re-apply for full coverage (Moms & Babies, FamilyCare) at any time if her circumstances have changed
- A woman on 'Spenddown Unmet' status may have an IHW card
- Use V25 diagnosis code (family planning)



Illinois Healthy Women:
planning “healthy births”
thereby
improving birth outcomes